

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-003410

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

283

FILED JAN 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Lutheran HospitalInside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3506 Itaska

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mamie M. Driskill

4. DATE
OF
DEATH

Month

Day

Year

Jan. 9, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 30, 1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Jachens

13b. MOTHER'S MAIDEN NAME

Mary Wattler

14. NAME OF HUSBAND OR WIFE

James O. Driskill

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James O. Driskill 3506 Itaska

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malnutrition

INTERVAL BETWEEN
ONSET AND DEATH
6 monthsConditions, if any,
which gave rise to
above cause (a),
starting the under-
lying cause last.

DUE TO (b)

Epidermoid Carcinoma of Hand

DUE TO (c)

with Metastasis

one yr

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

191.6

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/30/62 to 1/9/63 and last saw her him alive on 1/9/63
Death occurred at 9 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frede Mortensen M.D.

22b. ADDRESS

3701 Grandel St.

22c. DATE SIGNED

1/10/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

removal

23b. DATE

1-12-63

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery

23d. LOCATION (City, town, or county)

Lemay, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home

6222 S. Grand St. Louis, Mo.

JAN 10 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

2 215

3

4 1

5 1

6

7 6

8 2

9

10

11

12 65-0

13

65

10 30 (receptionist)
Fulham Hosp
Dr. Mortenson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James C. Bell

Licensed Embalmer No. 4347

P. O. Address 6322 So. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.